



DEPARTMENT OF BUILDING & SAFETY

## PLANS/RESPONSE CORRECTION TRACKING SHEET

333 North Rancho Drive, Las Vegas NV 89106-3703

Phone: (702) 229-6251 Fax: (702) 382-1240

To be completed by the qualified individual taking the responsibility for having the plans correctly collated or submitted

### PLEASE PRINT

Plan Check Application #: \_\_\_\_\_ Project Name: \_\_\_\_\_

Your Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ Email: \_\_\_\_\_

**Check plan changes and response letters provided. Check all that apply.**

	Plans	Letters
Architectural	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>
Land Development	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input type="checkbox"/>	<input type="checkbox"/>
Planning: (check if any change)	Yes	No
Scope of changes/revision letter (required)	<input type="checkbox"/>	<input type="checkbox"/>
Change to site plan, landscape, and/or site electrical	<input type="checkbox"/>	<input type="checkbox"/>
Change to floor plan that results in additional square footage	<input type="checkbox"/>	<input type="checkbox"/>
Change to exterior elevation	<input type="checkbox"/>	<input type="checkbox"/>
Change to mechanical equipment on roof	<input type="checkbox"/>	<input type="checkbox"/>

List item **and/or** sheet number(s) being added or replaced:

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Name of person collating plans (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Technician Initial: